



(No. 13.)

1944

TASMANIA



DEPARTMENT OF PUBLIC  
HEALTH

R E P O R T

OF THE

SECRETARY FOR PUBLIC  
HEALTH, TASMANIA

FOR THE

YEAR ENDED 31ST DECEMBER, 1944

*Presented to both Houses of Parliament by His Excellency's Command.*



TASMANIA:  
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1945.

## TABLE OF CONTENTS.

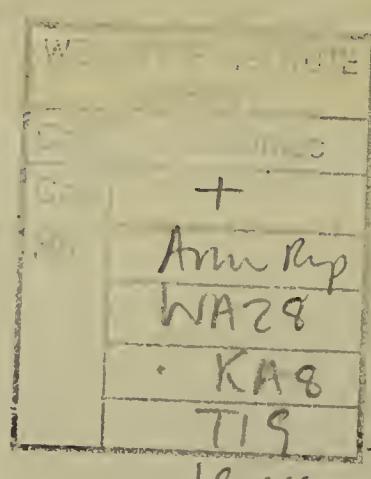
	PAGE
Introduction .....	3
Vital Statistics .....	3
Public Health Legislation and Administration .....	3
Hospitals Act .....	4
Notifiable Infectious Diseases .....	4
Venereal Diseases .....	7
Maternal Welfare and Child Health .....	8
Bush Nursing .....	10
School Medical Service .....	11
Government Medical Service .....	11
Staff .....	12

## TABLES.

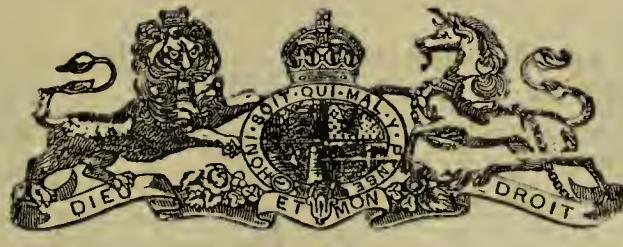
A. Private Hospitals .....	4
B.—C. Notifiable Infectious Diseases .....	6-7
D. Maternal Welfare and Child Health .....	8
E.—H. Infantile Mortality .....	9-10
I. Bush Nursing .....	11
J. School Medical Service .....	11
K. Government Medical Service .....	12

## APPENDICES.

I. Report of Government Analyst .....	13
II. Report of Chief Health Inspector .....	14
III. Report of Nurses' Registration Board .....	15
IV. Vital Statistics .....	15
V. Report of St. John's Park .....	17
VI. Mental Deficiency Act—Statistical Information	18



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## ANNUAL REPORT, 1944.

Department of Public Health,  
Hobart, 29th June, 1945.

SIR,

I HAVE the honour to present in brief form the Annual Report of the Department of Public Health for the year ended the 31st December, 1944, and in doing so to express appreciation of the valued contribution made by the Director of Maternal Welfare and Child Health (Dr. C. L. Park).

A conference of Ministers for Health of the Commonwealth and States of Australia was held at Canberra in July when, amongst other matters, a discussion took place on Commonwealth plans for hospital services and tuberculosis.

The Federal Parliamentary Joint Committee on Social Security visited the State during September, in continuation of its enquiries concerning a comprehensive health service. Evidence coming within the scope of the subject matter was submitted to the Committee.

A Food Consumption survey planned by the Commonwealth Department of Health was undertaken in various towns throughout the State.

Dr. C. L. Park resigned his office of Senior Government Medical Officer to assume the appointment of Commissioner of Public Health, Western Australia. Although associated with the Department for some few months only, it was with extreme regret that Dr. Park's services were lost to the State. His subsequent decision to accept re-appointment as Director of Maternal Welfare and Child Health was welcomed by the Department and those voluntary organisations associated with all sections of maternal and child hygiene services. Other important offices which it has been agreed to create are—

- (1) Director of Tuberculosis:
- (2) Psychiatric Social Worker (female).

It is proposed that the last-mentioned officer should relieve the Chairman of the Mental Deficiency Board of routine administrative work, carry out social case work for clinic examinations, and make visitations required by medical superintendents of institutions.

During the year, Mr. H. E. Hill, F.A.C.I., A.R.I.C., of Perth, Western Australia, was appointed to the position of Government Analyst, *vice* Mr. Evelyn Ward, B.M.E., who resigned after many years of efficient service.

The proposal of the Public Service Commissioner to require, by regulation, specific standards for inspectors of all grades on first appointment and on promotion was viewed with much satisfaction in view of its important bearing on the standard of service of these officers.

### VITAL STATISTICS.

*Population.*—At the end of 1944 the mean population of the State was 245,434. Hobart and suburbs had a population of 71,341 and Launceston and suburbs of 36,039.

*Births.*—There were 5200 births, being an annual rate of 21.19 per 1000 population, as compared with a birth rate of 23.17 per 1000 in 1943. This would indicate that the birth rate is gradually returning to the pre-war level of 21.03, which was the rate for 1939. Of the births, 2697 were males and 2503 females.

*Deaths.*—The deaths numbered 2494, corresponding to a rate of 10.16 per 1000 mean population. Diseases of the circulatory system accounted for 703 deaths, cancer and other tumours for 285, diseases of the nervous system for 277, and diseases of the respiratory system for 256.

*Infantile Mortality.*—The number of deaths of infants under one year was 199, being an infant mortality rate of 38.3 per 1000 live births.

*Maternal Mortality.*—The number of deaths attributed to pregnancy, childbirth, and puerperal state was 17, being a mortality rate of 3.27 per 1000 live births. If the four deaths attributed to abortion and post-abortive infection and one to extra uterine pregnancy be deducted, the net maternal mortality rate was 2.30 per 1000 births.

### PUBLIC HEALTH LEGISLATION AND ADMINISTRATION.

*Legislation.*—During the course of the year, attention has been given to the matter of amending and consolidating the regulations in force under the Public Health Act.

*Administration.*—The administration of the Public Health Act, with which is incorporated the Food and Drugs Act, has received the attention which its importance demanded.

In accordance with established practice, sanitary surveys of municipal districts have been undertaken throughout the State. In most cases these reveal a vigorous and well-directed policy on the part of local authorities, particularly so far as essential services are concerned. Sewerage schemes, as post-war works, are being viewed favourably at many centres of population. The recognition of bacteriolytic tanks for the disposal of human excreta in unsewered areas has been further demonstrated by the fact that the number of approved applications, *viz.* 245, constituted a record.

As far as it has been possible to do so with a limited staff, the food supplies of the people have received regular and systematic inspection at the

places of manufacture and at retail establishments, and by chemical examination of various commodities. The high standard of production at factories where preserved, canned, and manufactured foods are prepared for sale calls for favourable comment.

Reference to the work performed by departmental inspectors during the course of the year is contained in the report of the Chief Health Inspector and Chief Inspector of Food and Drugs (Appendix II.).

#### HOSPITALS ACT.

*Legislation.*—The Principal Act was amended during the year by the addition of the following new section:—

“85—(1) If he considers it necessary or desirable so to do, the Minister may enter into an agreement with any local authority and with the board or managing authority of any public hospital for the provision of free hospital services by that hospital as provided by this section.

(2) An agreement under this section shall provide for the payment by the local authority to the Minister of such annual amount as may be specified in the agreement and for the application of such amount by the Minister towards defraying the costs and expenses incurred by the board or managing authority of the hospital in providing free hospital services in pursuance of the agreement.

(3) Any free hospital services provided by the board or managing authority of a public hospital in pursuance of an agreement under this section shall be available to all persons residing within the city or municipality or part thereof to which the agreement relates.

(4) The provisions of section fifty-two shall not apply to or in respect of any persons for whom free hospital services are provided in pursuance of any agreement under this section.

(5) No local authority shall enter into an agreement under this section unless the local authority has published in the *Gazette* and twice in a newspaper a notice of its intention so to do.

(6) Within one month after the last publication of the notice referred to in subsection (5), any twenty ratepayers, by a requisition in writing delivered to the Mayor or Warden, may demand that a poll of ratepayers be taken to determine whether the local authority shall enter into the agreement, and upon receipt of the requisition the Mayor or Warden shall take such steps as may be necessary to cause the poll to be taken, as provided by this section.

(7) At any poll taken in pursuance of a requisition under subsection (6), the question submitted to the ratepayers shall be determined by a majority of the valid votes polled thereat.

(8) Subject to the foregoing provisions of this section, every poll taken in pursuance of a requisition under subsection (6) shall be taken and conducted at such time and in such manner as if it were a poll taken under the Local Bodies Loans Act 1881, and the

provisions of section seventeen of that Act shall, so far as they are applicable, apply to and in respect thereof.”.

One such agreement has already been entered into with the Local Authority of Scottsdale and the board of the local public hospital, whilst other interested parties are considering the matter.

*Public Hospitals.*—The public hospital service is being extended; proposals providing for—

- (1) A new Children's Block for 150 patients at the Launceston General Hospital:
- (2) Additional accommodation for medical officers at the Launceston General Hospital:
- (3) Additional accommodation for nurses at the Royal Hobart Hospital and the Launceston General Hospital:
- (4) The development of St. John's Park, New Town:
- (5) A new sanatorium at Hobart, with provision for 150 beds, X-ray plant, operating theatre, laboratory, and modern treatment facilities:
- (6) A sanatorium of 60 beds at Launceston:
- (7) A new Home for Invalids at Launceston, providing accommodation for 100 patients:
- (8) A Mothercraft Home at Launceston.
- (9) New nurseries at the Queen Victoria Hospital, Launceston, providing for at least 40 babies:
- (10) A new public hospital at Latrobe:
- (11) A public hospital at Burnie:
- (12) The accommodating of maternity cases at the Spencer Public Hospital, Wynyard:
- (13) A new Mental Hospital at New Norfolk.

*Private Hospitals.*—Despite difficulties associated with adequate staffing, these hospitals on the whole have been managed and maintained in a reasonably satisfactory manner.

Particulars of licences issued under this heading are appended (Table A).

TABLE A.  
Return of Private Hospital Licences Issued During the Year 1944.

	No. of Licences Issued.	Medical, Surgical & Lying-in.	Medical & Surgical Only.	Lying-in Only.
Hobart .....	7	1	1	5
Launceston .....	4	...	1	3
Country .....	23	6	...	17
	34	7	2	25

#### NOTIFIABLE INFECTIOUS DISEASES.

*Diphtheria.*—In 1943 the Tasmanian death rate from Diphtheria was 6 per 100,000 population, as compared with an all Australian rate of 4 per 100,000. Except for Western Australia, it was the highest death rate in the Commonwealth, and compared most unfavourably with the New South Wales rate of 3 per 100,000 and the Victorian rate of 2 per 100,000. That Diphtheria is predominantly a city disease is clearly shown by the death rate for the two largest cities. Hobart, with a death rate of 12 per 100,000 had

the worst record of any city in the Commonwealth, and second place in this respect was taken by Launceston with a death rate of 6 per 100,000.

There was an increase in the number of cases of Diphtheria in 1944; the number notified being 442. This was the highest figure since 1936. The number of deaths recorded was 10, giving a death rate of 4 per 100,000 population.

That this is a preventable disease is well illustrated by a comparison with the American city of New York, where extensive active immunization has been the practice for some 15 years. On a population basis, New York City, with a population of seven and a half millions, would have recorded 13,260 cases of Diphtheria in 1944 if the prevalence had been the same as in Tasmania. In actual fact, the number was only 242. The Health Commissioner, in his report, says, "The falling incidence of this disease may be justly attributed to widespread immunization." The true position is that each community can determine its own Diphtheria rate by the intensity of its immunization campaign. It is estimated that over 75 per cent of the pre-school population in New York has been "effectively immunized." If we compare our position with that of a group of 134 communities investigated by the American Public Health Association, we find that, over a five-year period, no less than 39 of these have had no deaths from Diphtheria, whilst more than half of the total group have had a death rate only one-tenth of ours, viz. less than 0.4 per 100,000. In 1941, the death rate for the United States of America, with a population of 120 millions, was 1 per 100,000 population, whilst that of Tasmania for the same year was ten times this figure, viz. 10 per 100,000.

In Canada a similar situation may be found. Hamilton (Canada), with a population of 150,000 people, has, on latest reports, had no cases of Diphtheria for four years (Hobart plus Glenorchy had 210 in 1944) and no deaths for seven years. However, before vigorous immunization campaigns, there were annually 20 to 40 deaths per 100,000 population. In 1937, Toronto, with a population of 650,000, had recorded no deaths from Diphtheria for three successive years. Before immunization was practised, however, there were from 45 to 98 deaths annually.

Guy Bousfield, the well-known British authority, writing in 1945, says, "In twenty years of intensive work on this subject (immunity against Diphtheria) I have not been able to find one single case of fatal Diphtheria in any child who had given me a negative primary or first Schick test," i.e. in an efficiently immunized child.

**When to Immunize.**—The tests carried out by Park and others on 20,000 persons show that, at the age of 6-9 months, 60 per cent of children are susceptible to Diphtheria. That cases and deaths do occur in the early months of life we know from our own records. Obviously, therefore, the time to immunize is before the child is twelve months old. Harries and Mitman state, "The most suitable age to commence immunization is in the second half of the first year of life, i.e. from nine months to one year old." Osler, 15th edition, advises that "the ideal would be to immunize all children between the ages of six months and two years, as the majority of children are susceptible at the age of one year." In conclusion, Harries and Mitman state, "Diphtheria is a preventable disease; its incidence can be

reduced to negligible proportions by active immunization of the child population, carried out upon an adequate scale. Diphtheria is spread in schools among children of school age, but also by school children to pre-school children at home. It is essential that both groups be protected to the extent of 60 per cent or more before any decline in prevalence occurs."

The Department of Public Health supplies the prophylactic free of charge, as an incentive to local authorities to carry out intensive immunization in their districts. So far the necessary headway which would influence the case incidence has not been made.

**Typhoid Fever.**—Three cases were notified, viz. one each from Hobart, Launceston and New Norfolk.

**Scarlet Fever.**—This disease was more prevalent than in the previous year; 149 cases being notified, as compared with 92 in 1943. The increase was particularly marked in Hobart, from which centre 61 cases were notified. There were also 16 cases notified from Glenorchy, 15 from Launceston, and 11 from Ulverstone, with sporadic cases from 19 other municipalities throughout the State. The incidence of the disease fluctuates throughout the year, but it has fortunately been very mild and has not been responsible for any deaths.

**Tuberculosis.**—During the year, 173 cases of Tuberculosis were notified, 153 of which were pulmonary cases. The widespread incidence of the disease is shown by the fact that notifications were received from 34 different municipalities in the State. The majority came from Hobart, Glenorchy and New Norfolk in the south, and Launceston in the north. Of the pulmonary cases, 54, or 35 per cent, received institutional treatment. The number of deaths recorded was 81 from pulmonary tuberculosis and 24 from disease of other systems. Of the 81 deaths among the pulmonary cases, there were—

37 in the age group 20-45 years: and  
28 in the age group 45-65 years.

The deaths in the other systems were—

4 in the age group 0-5 years:  
5 in the age group 5-20 years: and  
8 in the age group 20-45 years.

The part played by the chest clinics at Hobart and Launceston in the treatment of ambulatory patients and in the observation of contacts will be seen from the record (Table C).

**Puerperal Fever.**—Ten notifications were received, three of which led to a fatal result.

**Puerperal Pyrexia.**—The obligation is laid upon medical practitioners to notify patients who, following childbirth, suffer from any febrile condition which results in a rise of temperature to 100.4° F. for a period of 24 hours. This gives the Department an opportunity to follow up the notification and take any necessary measures for the safety of other patients. During the year, there were 25 notifications under this heading.

**Cerebro-Spinal Meningitis.**—This always accounts for a small number of notifications; the number in 1944 being 11. The cases were spread over seven different municipalities.

**Acute Anterior Poliomyelitis and Lethargic Encephalitis.**—A single case of Poliomyelitis was notified from each of three municipalities, and two cases of lethargic encephalitis from another.

TABLE B.

RETURN showing Number of Cases of each Notifiable Infectious Disease notified to the Department of Public Health during the Year 1944, together with Comparative Figures of the Aggregate of such Diseases for the Years 1943 and 1944.

Municipality.	Diphtheria.	Typhoid Fever.	Scarlet Fever.	Tuberculosis (All Forms).	Puerperal Fever.	Puerperal Pyrexia	Cerebro-Spinal Meningitis.	Acute Anterior Poliomyelitis	Lethargic Encephalitis	Total, 1944.	Total, 1943.
1 Beaconsfield ...	30									35	10
2 Bothwell .....	...									4	6
3 Brighton ... ...	2									5	8
4 Bruny .....	...									...	1
5 Burnie .....	6									20	12
6 Campbell Town	...									2	7
7 Circular Head	3									10	8
8 Clarence .....	15									21	17
9 Deloraine .....	4									10	3
10 Devonport .....	...									11	23
11 Esperance .....	3									4	...
12 Evandale .....	...									4	...
13 Fingal .....	3									5	7
14 Flinders .....	...									...	3
15 George Town ...	...									...	1
16 Glamorgan .....	...									...	1
17 Glenorchy .....	56									84	46
18 Gormanston ...	1									1	1
19 Green Ponds ...	1									4	3
20 Hamilton .....	5									6	10
21 Hobart .....	154	1								298	295
22 Huon .....	5									6	6
23 Kentish .....	5									9	3
24 Kingborough ...	5									9	8
25 King Island ...	...									...	1
26 Latrobe .....	4									8	6
27 Launceston .....	64	1	1							108	79
28 Lilydale .....	3									5	1
29 Longford .....	1									2	2
30 New Norfolk ...	10		1							26	32
31 Oatlands .....	17									18	1
32 Penguin .....	3									10	...
33 Port Cygnet .....	3									4	16
34 Portland .....	1									1	...
35 Queenstown ...	6									11	10
36 Richmond .....	...									1	...
37 Ringarooma ...	1									1	4
38 Ross .....	...									1	...
39 Scottsdale .....	7									9	5
40 Sorell .....	2									4	4
41 Spring Bay .....	1									2	3
42 St. Leonards ...	3									5	3
43 Strahan .....	...									1	...
44 Table Cape .....	7									14	8
45 Tasman .....	...									2	1
46 Ulverstone ...	7									26	3
47 Waratah .....	2									4	4
48 Westbury .....	1									3	3
49 Zeehan .....	1									4	7
TOTALS.....	442	3	149	173	10	25	11	3	2	818	672

TABLE C.

Chest Clinics—Particulars of Work Performed During the Year 1944.

	Chest Clinic, Hobart.					Chest Clinic, Launceston.				
	Over 14 Years.		Under 14 Years.		Total.	Over 14 Years.		Under 14 Years.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.	
Number of New Cases Applying	87	64	14	7	172	17	22	2	1	42
New Cases taken on at Clinic for Observation and Treatment .....	137	174	68	62	441	61	92	37	28	218
Re-attendances .....	1380	1429	205	174	3188	431	483	77	70	1061
Re-examinations .....	471	468	18	...	957	157	148	47	35	387
 Clinic Cases Transferred to Sanatorium.....	 21	 18	 1	 ...	 40	 ...	 1	 ...	 ...	 1
Sanatorium Cases Transferred to Clinic for Special Treatment ...	17	10	...	...	27	...	2	...	...	2
 Patients Found Non-Tuberculous	 38	 37	 8	 6	 89	 4	 2	 ...	 1	 7
 Contacts :—										
Number of Infecting Cases ...	50	38	...	3	91	65	63	1	...	129
Number of Contacts Examined .....	48	114	54	55	271	44	70	35	27	176
Number of Contacts Re-Examined .....	109	261	150	119	639	21	44	38	38	141
Number of Contacts Found Tuberculous .....	2	3	2	1	8	4	1	1	1	7
Number of Contacts Under Suspicion Tb.....	1	1	1	1	4	...	2	...	...	2
 Number of Invalid Pensioners Seen.....	 ...	 2	 ...	 ...	 2	 78	 62	 ...	 ...	 140
 Home Visits :—										
Medical Officer .....	...	...	...	...	9	...	...	...	...	...
Nurses' First Visits .....	...	...	...	...	157	33	39	2	1	75
Nurses' Re-Visits.....	...	...	...	...	680	373	519	26	14	932
Special Visits in Connection with After-care .....	...	...	...	...	38	6	14	...	...	20
 Pneumothorax Refills .....	 575	 390	 ...	 ...	 965	 97	 157	 ...	 ...	 254
X-Ray Examinations (Films) ....	342	460	65	52	919	125	191	63	51	430
X-Ray Examinations (Screen) ...	224	155	...	...	379	3	3	...	...	6
Sputum Examinations .....	...	...	...	...	489	84	42	...	...	126
Blood Sedimentation Tests.....	125	135	...	...	260	...	...	...	...	...
Gastric Lavage .....	...	1	...	...	1	...	...	...	...	...
 Total Attendances, Old and New Cases ..	 ...	 ...	 ...	 ...	 3978	 531	 735	 145	 113	 1524

## VENEREAL DISEASES.

There has been a definite decrease in the total number of cases notified, viz. 392 as compared with 452 during the previous year. As the return shows, the decrease is in the number of notified cases of primary syphilis, which was 36 in 1944 as against 63 in 1943. In 1943 there were actually more cases of primary syphilis notified in females than in males. This year, however, as in peace times, the number of males notified (24) is double that of the females (12). As is usually the case, the number of notified cases of gonorrhoea in males far exceeds the number of females notified; the respective figures being 266 and 74.

During the year penicillin has been made available for treatment, particularly in women, and this constitutes a big advance, not only because of the efficiency of the treatment, but because of the speed with which acute infections can be cured.

In regard to syphilis, the value of penicillin can only be determined by the process of time so far as long-term results are concerned. Results at present available would indicate that penicillin has a profound immediate effect on early syphilis as far as surface organisms from open lesions, healing of lesions, and a trend towards serologic reversal are concerned.

The out-patient clinics at the Royal Hobart and Launceston General Hospitals have been continued throughout the year.

The prophylactic centre at the Royal Hobart Hospital has also been open, and has been availed of to some extent. Notices that prophylaxis can be given have been exhibited in public places throughout the city.

	1944.			1943.		
	Males.	Females.	Total.	Males.	Females.	Total.
Gonorrhoea .....	266	74	340	271	87	358
Syphilis—						
Primary .....	24	12	36	30	33	63
Secondary .....	—	1	1	1	—	1
Tertiary .....	6	3	9	6	1	7
Congenital .....	—	4	4	6	6	12
Soft Chancre .....	—	—	—	2	—	2
Gonorrhoea and Syphilis	—	2	2	3	6	9
	—	—	—	—	—	—
	296	96	392	319	133	452

## MATERNAL WELFARE AND CHILD HEALTH.

The pre-natal activity which characterised the work in this section in 1943 continued in the first part of the year under review, but for staff reasons was curtailed later in the year. The main centre at the Royal Hobart Hospital was well attended; the number of individuals being 336 and the total attendances 1671 for the year.

The need for still further improving pre-natal attention to mothers is evident by an analysis of the causes of death in infants under one year of age for 1944. The Tasmanian infant mortality rate for the four years 1941 to 1944 inclusive has been above the Australian average, and in three of these years above 40 per 1000 births. This year there has been a fall to 38.3 per 1000, but even this was no less than 7 per 1000 above the Australian average for 1944. The obvious line of attack is against the pre-natal causes, which were responsible for 60 per cent of the mortality in 1944. This attack is made difficult, however, by the fact that the main reason for this high mortality is given as premature birth, which may obviously be due to many different conditions. Just what these are is not quite clear, and so there must be a general all-round effort to improve the knowledge of mothercraft, combined with a specific drive to supervise the health of expectant mothers as soon as they can be prevailed upon to seek advice. We do know that the premature infant requires special environment, diet, and nursing care, and to ensure the provision of these at least, in all our maternity hospitals, must be our aim.

*Child Welfare.*—Having given the expectant mother help and advice during her pregnancy, a break in the continuity of supervision occurs

*Propaganda.*—The most suitable methods of propaganda are the use of films and the giving of lectures. So far the films obtained have been disappointing, but more suitable ones are promised.

The following return gives the cases notified during the year, together with comparative figures for the year 1943: —

1944.		1943.		
males.	Total.	Males.	Females.	Total.
74	340	271	87	358
12	36	30	33	63
1	1	1	—	1
3	9	6	1	7
4	4	6	6	12
—	—	2	—	2
2	2	3	6	9
—	—	—	—	—
96	392	319	133	452

until the mother returns home with her baby. She is then visited by the Child Welfare Sister and encouraged to attend the nearest centre regularly, so that her baby's progress can be watched, and any departure from normal conditions investigated and corrected.

During the year, visits were paid following the arrival of 3661 new-born babes and, as the return (Table D) shows, many subsequent visits were paid to the mothers in their homes. This is perhaps the most valuable part of the work, because of the degree of personal contact that is possible. The visits of mothers to the centres with their babies is also valuable, because of the opportunity it gives for routine weighing as well as for special investigations, and it is gratifying to note that over 10,000 individual babies were brought to the centres.

There is a need for medical supervision at the centres. However, that has not been obtainable. Such supervision should be given by a pediatrician if the best results are to be obtained.

*Mothercraft Home.*—This Home is the training school for certificated nurses and others in the principles and practice of mothercraft. The Home is controlled by the Child Welfare Association, which co-operates with the Department in the work of child welfare. During the year 12 trained nurses received their Infant Welfare Certificates, and 10 other trainees their Mothercraft Certificates.

*Mothercraft Lectures.*—As in previous years, courses of lectures in Mothercraft and Infant Hygiene were given in many parts of the State to senior schoolgirls, 334 of whom completed the course and obtained the certificate awarded after examination.

TABLE D.  
SUMMARY of Work Performed by Child Welfare Nurses during the Year ended  
31st December, 1944.

31st December, 1944.						
No. of Centres.	Visits to Individual New-born Babies.	Subsequent Visits to Mothers.	Visits to Expectant Mothers.	Individual Babies Attending Clinics.	Total Attendances at Clinics by Babies.	Total Attendances at Clinics by Expectant Mothers.
40	3642	20,306	1000	10,108	78,450	2736

TABLE E.  
INFANTILE Mortality.

Number of Deaths under One Year in Tasmania for the last 20 Calendar Years.

	Year.																			
	1925.	1926.	1927.	1928.	1929.	1930.	1931.	1932.	1933.	1934.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.
Deaths.....	287	232	256	300	255	242	219	185	187	189	231	227	202	195	203	176	255	224	226	199

Infantile Mortality Rate (Deaths per 1000 Births).

Year.	Tasmania.	N.S.W.	Victoria.	Queens-land.	South Australia.	Western Australia.	New Zealand.	North. T'ry	Aust. Cap. Ter.	Aust.
1928.....	63.9	54.9	55.6	45.5	47.5	48.1	36.2	60.2	116.7	53.0
1929.....	53.1	56.6	47.2	46.1	40.9	56.2	34.1	18.9	19.6	51.1
1930.....	50.6	49.8	46.5	40.2	48.3	46.7	34.5	70.4	24.4	47.2
1931.....	46.0	43.5	44.5	36.6	36.5	41.5	32.2	83.3	37.3	42.1
1932.....	41.2	41.1	43.0	40.3	36.6	44.6	31.2	75.9	26.5	41.3
1933.....	41.1	39.3	40.4	42.6	31.9	36.8	31.6	94.6	53.4	39.5
1934.....	42.3	46.4	44.6	40.6	35.6	40.9	32.1	68.1	7.46	43.6
1935.....	51.8	39.4	41.2	37.8	34.9	40.2	32.3	83.3	47.3	39.8
1936.....	49.6	48.5	42.3	36.3	31.1	42.2	31.0	26.6	25.3	41.1
1937.....	41.7	40.7	36.7	35.6	33.1	37.5	31.2	30.3	14.5	38.1
1938.....	39.7	41.8	34.2	41.3	30.5	33.8	35.6	58.8	35.0	38.3
1939.....	40.6	41.0	35.6	34.7	34.8	40.7	31.1	65.2	23.9	38.1
1940.....	35.2	39.0	39.5	35.3	35.5	46.5	30.2	46.2	7.0	38.7
1941.....	49.0	43.8	36.2	39.1	32.5	35.3	29.7	83.3	16.4	39.7*
1942.....	42.2	40.1	41.8	34.8	39.5	36.8	28.7	43.5	25.5	39.5*
1943.....	40.4	36.2	35.8	37.8	36.7	32.6	31.3	75.0	18.6	36.3*
1944.....	38.3	30.7	33.0	31.3	28.9	32.7	(a)	22.5	23.4	31.3*

(a) Not available. \* Excludes New Zealand.

TABLE F.

TABLE showing the Principal Causes of Death of Children under 1 Year of Age in Tasmania in each Year from 1935 to 1944.

Causes of Death and Classification Number.		1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.
8.	Scarlet Fever, &c.	...	...	...	...	...	...	...	...	...	...
9.	Whooping Cough	7	4	...	...	...	25	1	2	8	
10.	Diphtheria and Croup	1	...	1	2	...	2	1	...	1	
	Other Epidemic Diseases	4	4	1	2	2	...	5	2	3	
12.	Tetanus	...	...	...	...	...	...	...	...	...	
14a.	Tubercular Meningitis	1	...	...	2	...	1	1	...	1	
30.	Syphilis	2	2	3	1	...	...	...	...	...	
35.	Measles	1	1	1	...	...	...	2	...	...	
86.	Convulsions	5	5	1	5	3	2	1	2	...	
106.	Bronchitis	2	2	...	1	1	...	3	1	1	3
107.	Broncho-pneumonia	22	22	17	24	20	21	23	32	22	24
108, 109.	Pneumonia	8	6	4	4	4	2	5	7	10	3
119.	Gastro-Enteritis, Diarrhoea, and Enteritis	10	4	...	4	2	3	2	7	13	5
	Other Diseases of the Stomach	1	3	...	...	3	...	...	...	...	
157.	Congenital Defects	24	28	11	22	31	21	18	17	20	24
158.	Debility, Marasmus	16	15	22	17	13	11	18	10	14	7
159, 160.	Premature Birth and Injury at Birth	90	89	93	70	80	76	105	89	82	87
161.	Other Diseases of Early Infancy	20	23	29	27	21	27	33	33	41	14
	Other Causes	27	15	17	15	18	11	16	17	17	19
	Total	231	227	202	195	203	176	255	224	226	199
	Infantile Mortality Rate (per 1000 Births) ...	51.8	49.6	41.7	39.7	40.6	35.2	49.0	42.2	40.4	38.3
	Total Births .....	4456	4581	4841	4907	5004	4994	5206	5305	5597	5200

TABLE G.  
(Showing Ages and Causes of Death under One Year—1944).

Causes of Death and Classification Number.	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	Total under 1 year.	Causes of Death and Classification Number.					
							9.	10.	13b.	14a.	24.	33a.
9. Whooping Cough.....	...	...	3	4	1	8						
10. Diphtheria.....	...	...	...	1		1						
13b. Tuberculosis of Respiratory System.....	1	...	...	...	...	1						
14a. Tuberculosis of Meninges.....	...	...	...	1	...	1						
24. Purulent Infection and Septicaemia.....	...	...	...	...	1	1						
33a. Influenza with Respiratory Complications.....	...	...	...	...	1	1						
37c. Unspecified Encephalitis Lethargica.....	...	...	...	1	...	1						
64. Diseases of the Thymus Gland.....	...	...	1	...	...	1						
66b. Pink Disease.....	...	...	...	1	...	1						
80a. Intracranial Abscess.....	...	...	1	...	...	1						
84a. Mental Deficiency.....	...	1	...	...	...	1						
89. Diseases of the Ear and Mastoid Process.....	...	...	...	...	1	1						
106a. Acute Bronchitis.....	...	...	...	1	1	2						
106c. Unsp. Bronchitis (under 5 yrs.).....	...	...	...	1	...	1						
107. Broncho-Pneumonia.....	1	3	4	8	8	24						
108. Lobar Pneumonia.....	...	...	...	...	2	2						
109. Pneumonia (Unspecified).....	...	1	...	...	...	1						
115a. Diseases of the Pharynx and Tonsils.....	...	...	...	...	1	1						
119. Diarrhoea and Enteritis (under 2 years).....	...	...	2	3	5							
122b. Intestinal Obstruction.....	...	1	...	1	2	4						
133. Other Diseases of Kidneys and Ureters.....	...	...	...	1	...	1						
153. Other Diseases of the Skin and Annexa.....	1	...	...	...	...	1						
157a. Congenital Hydrocephalus.....	2	...	1	...	...	3						
157b. Spina Bifida & Meningocele.....	1	...	...	...	...	1						
157c. Congenital Malformations of the Heart.....	3	1	5	...	1	10						
157e. Congenital Pyloric Stenosis.....	1	...	2	...	...	3						
157f. Cleft Palate (Hare Lip).....	...	...	1	...	...	1						
157g. Imperforate Anus.....	...	1	...	...	...	1						

### BUSH NURSING.

During the course of the year, many difficulties presented themselves in servicing centres, owing to the shortage of necessary personnel. Temporary appointments of short duration, although not in the best interests of the work, had to be resorted to on many occasions to provide continuity of service. For this reason also the opening of new centres was restricted to those at Oatlands and Storey's Creek.

Having regard to all the circumstances, the summary of work performed (Table I.) is an excellent record of service, particularly in the field of preventive medicine.

During the year, arrangements were made to supply each bush nurse with a set of first-aid equipment for emergency use in the treatment of accidents and for preparing such cases, or persons suffering from illness, for transport to hospital.

The Department, through its Supervisory Nurse, has kept in close touch with bush nursing

TABLE G—continued.

Causes of Death and Classification Number.	Under 1 week.	1 week and under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 1 year.	Total under 1 year.	Causes of Death and Classification Number.					
							157i.	158.	159.	160.	161a.	161e.
157i. Other Congenital Malformations.....	3	1	1	...	...	5						
158. Congenital Debility.....	3	3	...	...	1	7						
159. Premature Birth.....	63	4	2	...	...	69						
160. Injury at Birth.....	16	2	...	...	...	18						
161a. Asphyxia, Atelectasis.....	5	...	...	...	...	5						
161e. Hæmorrhagic Condition of the Newborn.....	5	1	...	...	...	6						
161f. Icterus Neonatorum.....	2	...	...	...	...	2						
161g. Other Diseases peculiar to First Year of Life.....	1	...	...	...	...	1						
179. Other Acute Accidental Poisonings.....	1	...	...	...	...	1						
182. Accidental Mechanical Suffocation.....	1	...	...	3	...	4						
195d. Other Accidents.....	...	...	1	...	...	1						
Total .....	110	19	21	24	25	199						

TABLE H.  
Comparative Figures of Principal Causes of Death under One Year during 1940-1944.

Causes of Death.	1940.	1941.	1942.	1943.	1944.	Causes of Death.						
						Whooping Cough.....	Convulsions.....	Bronchitis.....	Broncho-Pneumonia.....	Pneumonia.....	Diarrhoea and Enteritis .....	Congenital Debility .....
Whooping Cough.....	...	25	1	2	8							
Convulsions .....	2	2	1	2	...							
Bronchitis .....	...	3	1	1	3							
Broncho-Pneumonia.....	21	23	32	22	24							
Pneumonia.....	2	5	7	10	3							
Diarrhoea and Enteritis .....	3	2	7	13	5							
Congenital Debility .....	11	18	10	14	7							
Syphilis .....	...	...	...	...	...							
Malformations .....	21	18	17	20	24							
Prematurity and injury at Birth .....	76	105	89	82	87							
Other Diseases of Early Infancy .....	27	33	33	41	14							

activities, and afforded assistance and guidance where required. The Bush Nursing Associations have also played an important part in the administration of the scheme.

In November, 1944, Mrs. M. R. Read (*née* Sister L. H. Arnett) resigned the office of Supervisory Nurse, which she had held for over three years, during which time she displayed great energy and enthusiasm in the execution of her duties.

A new office of Supervisory Nurse was created on the 11th August, 1944, with headquarters at Launceston. The duties of this officer include the supervision of Bush Nursing Centres in the northern part of the State. Hitherto, one such officer, stationed at Hobart, carried out these duties throughout the State but, with the development of bush nursing work and the attention now being focussed on maternal and child welfare in an effort to reduce morbidity and mortality among mothers and babies, it proved to be a physical impossibility for one nurse to perform these functions efficiently.

TABLE I.

*SUMMARY of Work Performed in Bush Nursing Centres during the Year ended 31st December, 1944.*

No. of Centres.	Visits to Nurse.	Visits to Patients.	Nursing Days.	Maternity Cases.	Pre-natal Visits.	Child Welfare Visits.	School Visits.	Mileage.	Fees Earned.	Ward Beds.
21	11,877	5967	2840	170	1346	7783	191	25,781	£1628 17 8	39

### SCHOOL MEDICAL SERVICE.

The object of the School Medical Service is to examine every child three times during school life and, where defects are discovered, to have them corrected. The aim of the Dental Section of the Service is to procure healthy mouths by the treatment of diseased teeth and gums. It will be obvious that very much educational work is involved in both these branches of preventive medicine, but this cannot be satisfactorily carried out while staff shortages remain acute.

The School Medical Service spreads its activity throughout the State through the medium of full-time school medical officers, Government medical officers, private medical practitioners, school nurses, and bush nurses.

During 1944, there was only one medical officer devoting all his time to school medical work. His sphere of activity was limited to the North-Western and Western areas of the State. Some Government medical officers visit all the schools in their districts, but others have less time available from their other duties, so school medical examinations must be left. Some private practitioners, by arrangement, do the work in the districts in which they practise and, where this is not possible, bush nurses visit the schools.

There are eight full-time school nurses and one part-time officer. They have definite duties in regard to the personal hygiene of the children, and they assist the medical officer during his examination.

It has been possible to visit nearly all the schools in the Southern area in the past two years, and to a slightly less degree this has been possible in other parts of the State.

The number of children medically examined during 1944 was 13,650, of whom 56 per cent showed some defective condition requiring correction. The defects found, in order of their frequency, were—dental, nose, throat, posture, underweight, transmissible skin conditions, and goitre. For correction of the defects, parents are advised to consult their private medical attendant or make arrangements at a hospital, but the obligation to seek medical advice is not always taken seriously by the parents. Nothing can be done to enforce treatment, even where this is regarded as essential, but it is here that the follow-up work of the nurses proves very helpful. By personal talks with nurses, parents can often be persuaded to undertake their obligations in this respect.

The Dental Section has been short-staffed throughout the year, but it has been possible to keep the Hobart and Launceston clinics functioning. A mobile clinic has traversed circuits in each of the Southern, North-Eastern, and North-Western areas of the State.

Table J. gives particulars of the work of the Service.

*Preventive Measures.*—Certain of the conditions in the list of defects can be prevented, whilst the effects of others can be minimized. The use of iodised salt in endemic areas would help to prevent this type of goitre in children. This is now available in small quantities. Defects in posture can be prevented from developing by early recognition and correction in kindergarten and pre-school centres. It is in the pre-school period also that ear, nose, and throat conditions, and some ocular defects, should be recognised and corrected. The causes of underweight are not easy to determine, but no-one can doubt the effect of balanced diets in improving the height and weight of the average school child. There are, consequently, two measures which, if adopted on a sufficiently large scale, must reduce the defects among school children. These are—provision of more pre-school centres under medical supervision, and a wholesale provision of properly balanced lunches in these and in the larger schools.

TABLE J.

*Summary of Work Performed under the School Medical Service by Government Medical Officers and Private Practitioners, School Nurses, and School Dental Inspectors during the Year ended 31st December, 1944.*

Number of children examined by Government Medical Officers and private practitioners, either alone or with the assistance of a school nurse .....	13,650
Number of such children notified with defects .....	7,644
Number of children examined by school nurses .....	17,553
Number of interviews with parents by school nurses .....	2,335
Number of treatments given to children at school dental clinics .....	51,793

### GOVERNMENT MEDICAL SERVICE.

The administration of the scheme presented difficulties owing to lack of requisite medical personnel. Through the courtesy of the Board of the Royal Hobart Hospital, resident medical officers of that institution were made available from time to time to provide for continuity of service. When the time is opportune, the Department will call for applications for appointment to those additional districts which have notified their intention of coming into the scheme.

Detailed information in respect of the services rendered during the year is summarised in Table K. on page 12. Apart from actual medical practice, services associated with preventive medicine continue to receive the attention of medical officers.

TABLE K.  
SUMMARY of Work Performed by Government Medical Officers during the Year ended  
31st December, 1944, together with Comparative Figures for the Year 1943.

District.	Population.	Date of Committee in each District.	Number of Attendances upon Patients, showing Location of Attendance (excluding Workers' Compensation and Midwifery Cases which are shown separately).	1944.		1943.		1944.		1943.		Mileage Covered.	
				TOTAL.		TOTAL.		TOTAL.		TOTAL.			
				Resi- dence.	Surgery.	Hospital.	1944.	1943.	1944.	1943.	1944.	1943.	
Esperance ...	1,121	11.3.38	1,209	949	51	2,209	2,058	14	8	17	1	2,240	2,067
Flinders ...	860	1.5.38	679	312	91	1,082	1,991	9	...	3	1	1,094	1,992
Glamorgan- Spring Bay	1,735	18.5.38	959	739	126	1,824	1,294	4	11	17	13	1,845	1,318
George Town ...	910	5.1.40	318	886	143	1,347	1,128	...	...	...	...	1,347	1,128
Hamilton ...	3,205	1.5.38	1,889	3,843	188	5,920	5,025	18	26	49	33	5,987	5,084
Kingborough- Bruny ...	5,405	1.3.38	2,115	2,698	...	4,813	5,205	73	83	2	2	4,888	5,290
King Island ...	1,455	1.9.38	585	1,662	384	2,631	2,294	54	36	5	8	2,690	2,338
Penguin ...	2,580	13.7.38	2,047	2,367	79	4,493	3,984	...	...	11	23	4,504	4,007
Port Cygnet ...	2,890	1.7.40	1,724	2,095	4	3,823	4,325	10	40	13	27	3,846	4,392
Portland ...	1,555	14.6.39	1,691	938	...	2,629	3,209	8	6	...	...	2,637	3,215
Ringarooma ...	3,990	1.1.40	586	1,491	6	2,083	2,383	51	67	...	...	2,134	2,450
Scottsdale ...	2,435	5.8.39	766	4,587	1,537	6,890	6,031	13	26	18	18	6,921	6,075
Sorell ...	1,915	1.12.38	747	856	196	1,799	1,697	12	13	23	10	1,834	1,720
Tasman ...	980	21.4.38	1,526	2,016	162	3,704	1,841	25	9	...	1	3,729	1,851
Totals ...	31,036	...	16,841	25,439	2,967	45,247	42,465	291	325	158	137	45,696	42,927
												128,435	128,726

## STAFF.

In concluding this report, I desire to express my appreciation of the services rendered by members of the staff during the year.

I am also grateful for the help and advice so readily given on many occasions by officers of other Departments.

I have, &c.,

E. J. TUDOR,  
Secretary for Public Health.

The Hon. the Minister for Health.

## APPENDICES.

## APPENDIX I.

Government Analyst's Laboratory,  
Hobart, 3rd August, 1945.

SIR,

I submit the following report showing the work done in the chemical laboratories during the year 1944.

## Staff.

Mr. E. Ward retired in August from the position of Government Analyst after many years of service with the Department. From then until the end of the year Mr. F. H. Johnstone was in charge of the Branch.

## Examinations.

	No.
Arrowroot	1
Asbestos	1
Baking powder and baking chemicals	5
Beer and ginger beer	22
Butter	106
Canned fruit and vegetables	9
Cereals and cereal products	9
Cheese	2
Cider	4
Cocoa	2
Coffee	1
Coffee and chicory essence	4
Coke	1
Colouring matters	2
Concrete	1
Confectionery	9
Cordials	4
Criminal investigation tests	6
Dehydrated fruit (apples, &c.)	392
Drugs and chemicals	8
Egg products	1
Eraser	1
Essences	5
Flour, self-raising	7
Fertilisers	12
Fish, tinned	3
Flock, rag	38
Food (meal serving)	1
Fruit and fruit pulp	14
Honey	3
Hydrometers	4
Ice cream	9
Insecticides and pesticides	3
Jam	3
Jelly crystals and jelly	8
Junket tablets	1
Linseed	1
Liqueurs	19
Meat products	18
Milk, condensed	10
Milk, cow's	378
Milk, human	41
Minerals (rocks and metals)	20
Motor and aviation spirits	42
Natural vegetable products	2
Oils, edible, and fats	5
Oil, essential	1
Oils, mineral (lubricating and fuel)	122
Paints	5
Rice	1
Salt	1
Sand	1
Sauces and chutney	9
Scale (boiler)	1
Soils	106
Soup	1
Spices and condiments	9
Spirits (alcoholic)	7
Sugar and syrups	1
Tea	2
Thermometers	2885
Toxicological specimens (human)	23
Toxicological specimens (animal)	88
Vinegar	5
Water	96
Wine	1
Miscellaneous	23
<b>Total</b>	<b>4626</b>

Samples were submitted from the following sources:—

	No. of Samples.
Public Health Department	181
Premier's Department	3
Transport Department	9
Police Department	28
Department of Agriculture	180
Commonwealth Departments (including Customs Department)	3561
Defence forces	135
Hospitals and clinics	73
City councils and local authorities	219
Public (private firms and persons)	287
<b>Total</b>	<b>4626</b>

## Foods.

Of 211 samples of milk taken under the provisions of the Food and Drugs Regulations, 16 (7.6 per cent) did not conform to standard. Four out of five samples of sausages contained excessive amounts of starch. A sample of butter was 44 per cent deficient in fat and another contained the preservative boric acid. Prosecutions were instituted by the Public Health Department in a number of cases. A large number of samples of butter (104) and dehydrated apples (374) for export purposes were examined for the Commonwealth Department of Commerce and Agriculture.

## Rag Flock.

Thirty-eight samples of rag flock examined for a local authority did not comply with the chemical tests for cleanliness laid down in the appropriate Model By-law under the Public Health Act.

## Soils and Fertilizers.

One hundred and six samples of soil were examined in the agricultural section of the laboratory for the technical officers of the Department of Agriculture and for farmers, in addition to a number of waters (27) for suitability for stock purposes.

## Toxicological and Criminal Investigation Tests.

Twenty-three specimens were examined in connection with human poisoning cases, as well as a number of exhibits in connection with criminal investigations. Eighty-eight specimens of animal viscera and stomach contents were examined in connection with real or supposed cases of animal poisoning.

## Services Rendered on behalf of various Commonwealth Departments.

A large number of thermometers, mostly clinical, was examined for the Customs Department, as to compliance with the standard of accuracy fixed by regulation under the Customs Act. Of these, 122 failed to pass the standard. Other work for that Department included 42 samples of motor and aviation spirits, 122 samples of petroleum derivatives such as lubricating oils and fuel oils, and 25 samples of liqueurs and spirits in connection with the assessment of duty or excise drawback.

One hundred and thirty-five samples of food and stores were examined for the Defence Forces.

I have, &c.,

H. E. HILL, F.A.C.I., A.R.I.C.,  
Government Analyst.

The Secretary for Public Health.

## APPENDIX II.

Department of Public Health,  
Hobart, 1st May, 1945.

SIR,

I submit the following report of work performed by the inspectorial staff of the Department during the year 1944.

## Staff.

Chief Inspector H. H. Parker, M.R.S.I.

Inspector D. S. Clark (stationed at Launceston).

Inspector W. J. Davies, M.R.S.I.

Inspector T. Orr, M.R.S.I. (stationed at Launceston).

During the year Mr. Clark retired after rendering over 31 years of valuable service to the Department.

## Routine Sanitary Surveys and Special Inspections.

Details of sanitary surveys, special inspections, and various investigations which received attention throughout the State, as distinct from inspections made by Departmental Local Health Inspectors, are set out hereunder:—

Nature of Inspection.	No. of Inspections.	No. of Cases in which Action was Called For.
Bacteriolytic tanks, including sites and plans	532	121
Bakeries	60	32
Butchers' premises	93	47
Buildings, including sites and plans	175	87
Camps	12	4
Condemnation of dwellings	7	7
Dairying premises	136	44
Disinfection and fumigation	11	...
Domestic inspections	84	22
Drainage	91	61
Food premises	228	43
Garbage depots and services	28	8
Hospitals	26	7
Infectious diseases	8	...
Licensed premises	98	33
Offensive trades	166	60
Places of public entertainment	92	8
Reserves, beaches, and camping grounds	32	9
Sale-yards	41	2
Scallop depots	48	...
Schools	150	66
Sewerage schemes	3	1
Subdivisions of land	9	2
Water supplies and sampling	69	3
Wharves, jetties, &c.	6	1
Miscellaneous	97	21

In addition to recommendations made to local authorities, 64 orders were served by the Department for the improvement of conditions. With one exception, these were complied with. In that instance legal proceedings were instituted, resulting in a fine of £2 and 16s. 6d. costs being imposed.

## Survey of State Schools.

Early in the year a survey of the drainage, sanitary accommodation, and ablutionary facilities, &c., existing at the State schools in Hobart and suburbs was made, with a view to effecting improvements to the above services.

## Bacteriolytic Tanks.

With the inauguration of permanent water schemes in country districts, and the increased knowledge by the public of the advantage of disposing of faecal matter by the bacteriolytic tank system, the number of tanks constructed is rapidly increasing. During the year improvements in the design of tanks were submitted to and approved by this Department. From observations carried out by health inspectors, the altered design is giving beneficial results.

## Swimming Pools.

These have been under periodic supervision in the past season, and measures adopted for ensuring that the water supply was reasonably free from contamination.

Samples were regularly procured, and tests conducted of the water supply for both chemical and bacteriological content. These examinations proved highly satisfactory.

## Food and Drugs Sampling.

One hundred and eighty-seven samples of foods and drugs were obtained and submitted to the Government Analyst for examination.

Fourteen of this number were found to be adulterated. Legal proceedings were taken in eight cases, the fines and costs amounting to £16 1s. 10d. Warnings were issued in the remainder. Seizure of foodstuff unfit for human consumption resulted in 39 tins of pineapples, 53 bottles of tomato sauce, 2500 scallops, and 280 lbs. of sugar being condemned and destroyed.

In view of meat rationing, the question of the slaughter, distribution, and sale of horseflesh for consumption by animals, principally racing dogs, was investigated and placed on a satisfactory basis.

## Testing of Alcoholic Spirits.

One hundred and sixty bottles of alcoholic liquors were tested for strength and nature of contents. Two were found to contain spirit below the prescribed standard. In one instance a fine of £3, with 11s. 6d. costs, was imposed, and in the other a warning was given.

## Dairying Premises.

Particular attention was given to the improvement of dairying premises, especially in regard to the provision of an independent hot water or steam supply for cleansing of milkers' hands, cloths, and utensils. Steps were also taken to obviate muddy conditions prevailing round milk sheds in the winter months. In spite of shortage of materials and manpower, the structural condition of buildings generally has been maintained in a reasonable manner.

## Places of Public Entertainment.

The regulations appertaining to the safety of buildings, fire escapes, overcrowding, obstructions, and seating accommodation were regularly policed throughout the year, with the result that breaches of the regulations are now infrequent.

## Conclusion.

In conclusion, I desire to thank council clerks and health inspectors for their co-operation and assistance on all occasions.

I have, &c.,

H. H. PARKER, Chief Health Inspector.

The Secretary for Public Health.



*Deaths in Relation to Disease.*

The following return, from data supplied by the Deputy Commonwealth Statistician, shows the number and causes of deaths during the year 1944, also the death-rate per 10,000 persons living (mean population 245,434), as contrasted with the previous year, 1943 (mean population estimated at 241,883).

Cause of Death.	Number of Deaths, 1943.		Death Rate per 10,000 persons.		Number of Deaths, 1944.		Death Rate per 10,000 persons.	
	No.	No.	No.	No.	No.	No.	No.	No.
<b>General Diseases—</b>								
Typhoid Fever .....	1		·1		2		·1	
Malaria .....	...		...		...		...	
Smallpox .....	...		...		...		...	
Measles .....	...		...		...		...	
Scarlet Fever .....	1		·1		9		·4	
Whooping Cough .....	2		·1		10		·4	
Diphtheria and Croup .....	15		·6		6		·2	
Influenza .....	9		·4		...		...	
Dysentery .....	...		...		...		...	
Syphilis .....	21		·9		12		·5	
Tubercular Diseases .....	113		4·7		105		4·3	
Rheumatic Fever, Rheumatism, and Gout .....	16		·6		15		·6	
Cancer, all forms .....	283		11·7		270		11·0	
Dietic Diseases and Industrial Poisoning .....	...		...		3		·1	
Other General Diseases .....	139		5·7		113		4·6	
<b>Total General .....</b>	<b>600</b>		<b>24·9</b>		<b>546</b>		<b>22·3</b>	
<b>Local Diseases—</b>								
Diseases of Nervous System...	262		10·8		277		11·3	
Diseases of Circulatory System	674		27·9		703		28·6	
Diseases of Respiratory Organs .....	258		10·7		256		10·4	
Diseases of Digestive Organs .....	119		4·9		114		4·7	
Diseases of Genito-Urinary System .....	206		8·5		211		8·6	
Diseases of Puerperal Origin .....	17		·7		17		·7	
Diseases of the Skin .....	6		·2		5		·2	
Diseases of Bones and Malformations .....	27		1·1		37		1·5	
Diseases of Early Infancy .....	137		5·7		108		4·4	
<b>Total Local Diseases .....</b>	<b>1706</b>		<b>70·5</b>		<b>1728</b>		<b>70·4</b>	
<b>Deaths Produced by External Causes—</b>								
Accident or Negligence .....	126		5·2		114		4·6	
Homicide .....	4		·2		5		·2	
Suicide .....	12		·5		17		·7	
<b>Total External Causes ...</b>	<b>142</b>		<b>5·9</b>		<b>136</b>		<b>5·5</b>	
<b>Ill-defined—Not Specific Diseases—</b>								
Old Age .....	77		3·1		82		3·3	
Ill-defined Diseases .....	2		·1		2		·1	
<b>Total Ill-defined Diseases</b>	<b>79</b>		<b>3·2</b>		<b>84</b>		<b>3·4</b>	
<b>Total Deaths, All Causes</b>	<b>2527</b>		<b>104·5</b>		<b>2494</b>		<b>101·6</b>	

*RETURN Showing the Number of Deaths from Typhoid during the last Ten Years under Age Groups.*

Year.	Under 5.	5-10.	10-15.	15-20.	20-25.	25-30.	30-35.	35-40.	40-45.	45-50.	50-55.	55-60.	60-65.	65 and over.	Total all Ages.			
1935...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
36...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
37...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
38...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
39...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
40...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
41...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
42...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
43...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
44...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>Totals</b> ...	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>	<b>...</b>													

*DEATHS from Tuberculosis during the last Ten Years.*

	Number.										Death Rate per 100,000 Persons Living.									
	No.	1935.	No.	1936.	No.	1937.	No.	1938.	No.	1939.	No.	1940.	No.	1941.	No.	1942.	No.	1943.	No.	1944.
Tuberculosis of Respiratory System (No. 13) .....	105	112	86	107	102	85	96	108	110	129	113	105	46	48	37	45	43	36	40	45
Other forms of Tuberculosis (Nos. 14-22) .....	25	23	34	16	24	18	14	21	20	24	11	10	14	7	10	7	6	7	6	9
Totals.....	130	135	120	123	126	103	110	129	113	105	57	58	51	52	53	43	46	54	46	48

*Typhoid Fever.*

Year, 1944.

Number of cases notified	3
Number of deaths, year 1944 (calendar)—	
Males	
Females	2

*Scarlet Fever.*

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 persons living	Deaths per 1000 cases notified	Death % of Cases.
1924	376	3	.1	1.74	8.0	0.8
1925	288	3	.1	1.34	10.4	1.0
1926	188	1	.05	.88	5.3	0.5
1927	91	2	.1	.43	22.0	2.2
1928	190	1	.05	.88	5.3	0.5
1929	314	2	.1	1.44	6.4	0.6
1930	485	8	.4	2.20	16.5	1.6
1931	265			1.18		
1932	417	5	.2	1.84	12.0	1.2
1933	370	4	.2	1.61	10.9	1.1
1934	362	4	.2	1.58	11.0	1.1
1935	302	1	.05	1.32	3.3	0.3
1936	478	6	.3	2.07	12.6	1.3
1937	412	2	.1	1.76	4.9	0.5
1938	123			.52		
1939	162			.68		
1940	240	1	.04	1.00	4.2	0.4
1941	127	1	.04	.53	7.9	0.8
1942	72			.30		
1943	92	1	.1	.38	10.9	1.1
1944	149			.61		

*Diphtheria.*

Year, 1944.

Number of cases notified	442
Number of deaths, year 1944 (calendar)—	
Males	6

4

*Diphtheria.*

Year.	Cases.	Deaths.	Death rate per 10,000 population.	Cases per 1000 persons living	Deaths per 1000 cases notified	Death % of cases.
1924	597	20	.9	2.76	33.5	3.4
1925	473	13	.6	2.19	27.5	2.7
1926	347	6	.3	1.62	17.1	1.7
1927	507	10	.5	2.38	19.7	2.0
1928	908	18	.8	4.21	19.8	2.0
1929	488	18	.8	2.24	36.9	3.7
1930	573	20	.9	2.59	34.9	3.5
1931	589	19	.8	2.62	32.3	3.2
1932	455	17	.8	1.96	37.4	3.7
1933	706	16	.7	3.14	22.3	2.2
1934	491	22	.9	2.14	44.8	4.5
1935	537	24	1.0	2.34	44.7	4.5
1936	575	20	.9	2.49	34.8	3.5
1937	305	12	.5	1.30	39.3	3.9
1938	343	10	.4	1.46	29.2	2.9
1939	365	14	.6	1.53	38.4	3.8
1940	366	18	.8	1.53	49.2	4.9
1941	401	25	1.0	1.67	62.3	6.2
1942	291	11	.5	1.21	37.8	3.8
1943	370	15	.6	1.53	40.5	4.1
1944	442	10	.4	1.80	22.6	2.3

## APPENDIX V.

## ANNUAL REPORT OF ST. JOHN'S PARK.

St. John's Park,  
New Town, 30th July, 1945.

SIR,

I have the honour to submit the Annual Report of St. John's Park for the year ended the 30th June, 1945.

## Statistics.

Number resident, 30.6.44	319
Admissions during the year	273
Total	592
<i>Less—</i>	
Discharges	143
Deaths	118
	261
Patients resident, 30.6.45	331

## Admissions.

Admissions totalled 273 (172 males and 101 females). These figures show a reduction, compared with those for the previous year, when 324 persons (172 males and 152 females) were admitted.

## Discharges.

There were 143 discharges (79 males and 64 females). These figures show a reduction, compared with those for 1943-44, when 193 (111 males and 82 females) were discharged.

## Mortality.

The number of deaths was 118 (74 males and 44 females). The average age of the people who died in the Institution was 76.99 years.

## Daily Average.

The daily average number of ordinary inmates was 332.93 (208.88 males and 124.05 females), compared with 316.64 (190.46 males and 126.18 females) for the previous year.

## Revenue.

The revenue received from all sources amounted to £15,234 7s. 3d., which was £1308 6s. 11d. more than that collected the previous year.

## Expenditure.

The total expenditure for the upkeep of the Institution was £40,480 12s. 0d., being an increase of £7222 16s. 5d. compared with the previous year. The net cost, therefore, was £25,246 4s. 9d.

## Gross and Net Cost of Maintenance.

There was an increase in both gross and net cost of maintenance as detailed hereunder:—

	s. d.
Gross daily cost per inmate, 1944-45	6 7.95
Gross daily cost per inmate, 1943-44	5 8.87
Net daily cost per inmate, 1944-45	4 11.86
Net daily cost per inmate, 1943-44	3 4.03

	£ s. d.
Gross weekly cost per inmate, 1944-45	2 6 7.65
Gross weekly cost per inmate, 1943-44	2 0 2.09
Net weekly cost per inmate, 1944-45	1 14 11.02
Net weekly cost per inmate, 1943-44	1 3 4.21

## Thanks for Donations.

On behalf of the inmates of St. John's Park, I desire to thank all those kind persons who again so generously provided gifts of money and goods for their comfort during the year.

## Devotional.

During the year, the spiritual welfare of the inmates was given every attention by the various denominations; services being held regularly at the Institution.

I have, &amp;c.,

L. WOODHOUSE, Secretary.

The Secretary for Public Health.

## APPENDIX VI.

*Mental Deficiency Act.*

## CERTIFIED DEFECTIVES UNDER INSTITUTIONAL CONTROL.

The number of defectives under institutional control at the end of June, 1945, was 71, classified as follows:—

Imbeciles, 19; feeble-minded, 52.

The total number for the previous year was 81.

In the Government Institution for Defectives at St. John's Park, New Town, there were 50 certified defectives (18 male and 32 female), classified as 19 imbeciles (11 female) and 31 feeble-minded (21 female). In the Lachlan Park Institution there were 21 male patients.

During the period under review, the orders of 23 patients were varied to guardianship and four to supervision, and five patients were transferred to the Lachlan Park Hospital under the Mental Hospitals Act. The number under guardianship or supervision was 45. Variation orders to supervision lapse ultimately on good behaviour; the number lapsing in 1944-45 being 24. There were also three variations of placements as between institutions.

In addition, there is a number of middle-aged and old-age inmates of St. John's Park who have not been certified, as they have been admitted voluntarily and are exemplary in conduct.

The number of mentally defective patients in Lachlan Park Hospital not under the control of the Mental Deficiency Board is given in the annual report of the Medical Superintendent.

During 1944 the number of persons ascertained to be mentally defective was as follows:—Imbeciles, 6 (3 female); feeble-minded, 37 (19 female); the total being 43.

